

Strategy for Monitoring, Decertifying, and Recertifying QHPs
Draft for Discussion with Plan Management Workgroup
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Definition of Decertification

The Health Benefit Exchange can decertify a QHP when the Exchange determines that the QHP issuer is no longer in compliance with the certification criteria.

The Health Benefit Exchange must establish an appeals process for decertification.

Current enrollees can no longer retain their coverage in a decertified QHP. The Exchange must terminate the certification status and the offering of the plan through the Exchange.¹

- Decertification does not affect the offering of the plan outside of the Exchange.
- A special enrollment period must be offered to the enrollees in the decertified QHP to change from one QHP to another.

The Health Benefit Exchange must issue a notice of decertification to all affected parties: issuer, enrollees, HHS, Office of Insurance Commissioner.

Monitoring Actions

Decertification – HBE will decertify a plan if the OIC discontinues the plan. Through discussions with Plan Management Workgroup, HBE will also define those acts or behaviors that result in decertifying a plan.

Close offering – HBE would no longer offer a plan, but not decertify the plan. HBE will close a plan when the OIC closes the plan. Through discussions with Plan Management Workgroup, HBE will also define when to close a plan. The plan would be closed until the issuer satisfies the specific criteria that led to the closing.

Recertification – Apply criteria through recertification process. Longer term idea -- monitor performance to be applied through recertification?

¹ ACA section 1311(b)(1)(A), §155.1080, §155.420, and §155.430.